



GIFTOR AUTHORIZATION

Account owner: Please use this form to name one or more individuals who can contribute money to your account and receive information about their gifts (giftors). Each giftor will receive a personal coupon book to use in the future. All gifts to your account belong to you.

Current Account Information

Account Number		
Account Owner		
	Name	SSN or TIN
Student Beneficiary		
	Name	SSN or TIN

Giftor Information	1.	2.
Name (First, Middle, Last, Suffix)		
SSN or TIN		
Birth Date		
Street Address/Apartment Number		
Post Office Box Number		
City / State / Zip Code		
Email Address		
Telephone Number(s)		
	Home Work	Home Work

☐ Please check here if you want to register the giftors as a couple and receive only one coupon book.

Account Owner's Signature - Required

Only the account owner may authorize changes to this account.

I certify under penalty of perjury that I am the legal account owner. I authorize the giftor(s) designated above to obtain information about their gift to this Guaranteed Education Tuition Program account and to receive a personal gift coupon book.

Account Owner's Signature	Date
---------------------------	------

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)

Rev 7/2012

Questions: GETInfo@wsac.wa.gov or 1.800.955.2318